

**INSTRUCTIONS FOR COMPLETING
AN APPLICATION FOR CERTIFICATION OF A BRANCH SITE OF A
CERTIFIED CHEMICAL DEPENDENCY SERVICE PROVIDER**

INTRODUCTION

Provider certification is mandated by state laws, Revised Codes of Washington (RCW), when a provider intends to:

- Contract with DSHS for the provision of chemical dependency treatment services as required by RCW 70.96A.045;
- Represent itself as a state-certified chemical dependency treatment agency (RCW 70.96A.090 prohibits treatment programs from advertising or representing itself as an approved treatment program if approval has not been granted);
- Provide deferred prosecution assessments and treatment under RCW 10.05; or,
- Provide chemical dependency assessment, education, or treatment to persons required by the Department of Licensing for driving under the influence (DUI) or in physical control of a motor vehicle under RCW 46.61.

Application requirements are detailed in Washington Administrative Code (WAC) 388-805-020. Applications are screened for completeness in the order received. If applications are found to be incomplete, processing is suspended until we receive all the required information. Complete applications are assigned to Division of Alcohol and Substance Abuse (DASA) Certification Specialists for review in the order received. A DASA Certification Specialist will conduct an initial review for content within 30 days from the date received.

A separate branch application needs to be completed for each branch location at which services are proposed to be delivered.

Return the completed original application form, one copy of the items required in **PART 6**, and the nonrefundable \$500 application fee to the attention of:

Robert Geissinger, CCDCIII, Certification Specialist
Certification Section
Department of Social and Health Services
Division of Alcohol and Substance Abuse
Post Office Box 45330 (Mail Stop 45330)
Olympia, Washington 98504-5330

Please do not return these instructions with your application.

You are encouraged to submit a complete application, including all documentation as early in the application process as possible. However, you may wish to wait to obtain your facility and staff to avoid incurring facility and staff costs while your application is pending review and approval.

Certification will be granted only to applicants demonstrating that they are prepared to operate in compliance with all applicable federal, state, and local regulations.

Significant deficiencies can result in delays of department approval. The application form and required materials are tools for evaluating applicant readiness for certification. The reviewing DASA Certification Specialist will determine if the extent of the deficiencies must be corrected prior to certification or as a part of a corrective action process following approval.

PART 1 – AGENCY INFORMATION

1. Specify the name of the main agency that will be responsible for services provided at the branch site. Please use the name as it is listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (Greenbook).
2. Specify the agency number for the main agency as it is listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (Greenbook).

PART 2 – AGENCY INFORMATION

1. Specify the name of the agency to be certified, as you would want it listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (Greenbook).
2. Use the second line to specify additional organizational titles necessary for a correct address. (For example, for the Division of Alcohol and Substance Abuse, the second line might read Certification Section).

Example:

Addiction Recovery Services (1st line)
ABC Medical Center (2nd line)

Or,

ABC Medical Center (1st line)
Addiction Recovery Services (2nd line)

3. Specify the complete street address for the branch facility where the agency intends to provide certified chemical dependency services. This address must be the address for the actual physical location where certified services will be provided. The street address will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State. Post office boxes or other locations are not acceptable for the street address.

Check box 3a if the branch facility has not been selected at the time the application is submitted, the address will be provided at a later date.

You are not required to have a site at the time you submit the application. However, certification will not be issued until a suitable site has been selected and approved.

4. Specify the complete mailing address where you want all correspondence to be directed.

Check box 4a if the mailing address is to be used for the application process only, or check box 4b if it will also be used for the branch agency at time of certification.

The final mailing address will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (Greenbook).

5. Specify the complete telephone number including area code.

Check box 5a if the telephone number is to be used for the application process only or if it will also be used for the agency at time of certification. Check box 5b if the agency telephone number has not been selected at the time the application is submitted, then specify that the telephone number will be provided at a later date.

The final agency telephone number will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (Greenbook). You may list up to two telephone numbers.

6. Specify the complete fax number including area code.

Also, check box 6a if the fax number is to be used for the application process only, or check box 6b if it will also be used for the agency at time of certification.

The final fax number will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (Greenbook).

7. (Optional) Specify the complete branch TDD (telecommunication devices for the deaf) number including area code.

Check box 7a if the branch TDD number will be submitted at a later date.

The final branch TDD number will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (Greenbook).

8. (Optional) Specify the e-mail address.

Also, check box 8a if the e-mail address is to be used for the application process only, or Check box 8b if it will also be used for the agency at time of certification.

9. Specify the on-site administrator's name. The on-site administrator is the person identified by the governing body as the person responsible for meeting the administrator requirements of WAC 388-805-145.

Check box 9a if the on-site administrator has not been selected at the time the application is submitted, then specify that the name of the administrator will be provided later.

9b. Print the job title of the on-site branch administrator.

10. Specify the clinical supervisor's name. The clinical supervisor is the person identified by the administrator as responsible for meeting the requirements of WAC 388-805-300(4)(a-c).

Check box 10a if the clinical supervisor has not been selected at the time the application is submitted, and that the name of the clinical supervisor will be provided later.

10b. Print the job title of the branch clinical supervisor.

PART 3 – PROVIDER INFORMATION

All providers:

11. Specify the provider's Federal Employer Tax Identification Number (FEIN). Sole proprietors may use their Social Security Number instead.

Privately owned providers only:

12. Specify the Washington State Uniform Business Identification (UBI) Number listed on the applicant's Washington State Master Business License.

PART 4 – CERTIFIED CHEMICAL DEPENDENCY SERVICES

13. Detoxification or residential service certification:

Put a check mark by all the services for which you are seeking certification for at the branch site. Then specify the number total number of beds for each service requested. If you intend to focus the provision of services to a special group such as youth, women, offenders, adults, etc., then specify in the space provided.

14. Non-residential service certification:

Put a check mark in the box next to each service you are seeking certification for at the branch site. Then specify the estimated number of persons your agency believes will be served annually for each service requested. If you intend to focus the provision of services to a special group such as youth, women, offenders, adults, etc., then specify in the space provided.

A listing of services will be published in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (Greenbook) once the reviewing certification specialist grants certification.

PART 5- CONTRACTS

15. Check the appropriate yes/no box to indicate whether or not your organization currently receives government funds to provide chemical dependency services or if management intends to provide services funded by the government at the branch site.
16. If yes, then list the source(s) of the funds, e.g., federal, state, tribal, county, criminal justice, or corrections.
17. Identify the certified chemical dependency treatment service(s) for which government funds are or may be provided.

PART 6 – MATERIALS TO BE SUBMITTED WITH THE BRANCH APPLICATION

- A. Submit a copy of the report of findings from a criminal background check, as conducted by the Washington State Patrol and the last state of residence if the person has lived out-of-state within the past three years for the on-site agency administrator designated by the governing body. The background results must have been completed within the two years before the receipt of the application.
- B. **If planning to offer detoxification or residential service at the branch site**, submit a copy (if available) of the Residential Treatment Facility or Hospital license issued by the Washington State Department of Health (DOH) Facilities and Services Licensing Division, or in cases of nursing home facilities, the Washington State Department of Social and Health Services (DSHS).

Check the B1 box if the license is enclosed, B2 if the license will be submitted at a later date, or B3 if you are not applying for residential service certification.

You can obtain an application and information related to fees by contacting the DOH Facilities and Services Licensing Division at the following address and telephone/fax numbers:

Facilities and Services Licensing
Post Office Box 4752
Olympia, WA 98504-7852
Telephones: (360) 705-6652, or 705-6628
Fax: (360) 705-6654

Note: DASA certification for residential chemical dependency services are contingent upon receipt of a copy of the Department of Health License or in the case of a nursing home facility, a license issued by the Department of Social and Health Services.

- C. Submit evidence of having sufficient qualified staff to deliver the applied for certified chemical dependency treatment services at the branch site. This information must include:
1. A copy of an organizational chart showing each staff position, including volunteers, students, and persons on contract, by job title, lines of responsibility, the full-time equivalency percentage for each position, and how the agency relates to any parent organization and other agency sites.
 2. A copy of the job description for the on-site branch administrator and each staff person who will be providing or supervising patient care at the branch location.
 3. A copy of the current certificate of certification as a chemical dependency professional issued by the Washington State Department of Health (DOH) for each chemical dependency professional (CDP) to be employed by your organization at the proposed initial site. The wall certificate issued by DOH is not sufficient. The copy of the certificate must include the certification expiration date.

Check box 3a if the certificate(s) are enclosed with the application materials, or box 3b if the certificate(s) will follow at a later date.

Note: Current DASA Certificates of Qualification as a Chemical Dependency Counselor will be accepted in lieu of the DOH CDP certificate submitted with applications received before June 30, 2001.

4. **If applying as a municipal or district court probation office**, submit evidence of the employment of a probation assessment officer (PAO) that meets the requirements of WAC 388-805-220. Evidence should include copies of course transcripts, and training documentation, verification of supervised experience as a PAO trainee, and documentation of continuing education as required.

Check box 4a if evidence is enclosed with the application, or box 4b if the evidence will be submitted at a later date.

5. **If applying for certification to provide alcohol/drug information school services at the branch site**, then submit evidence of the employment of a qualified alcohol/drug information school instructor that meets the requirements of WAC 388-805-250. Acceptable evidence includes a copy of an individual's DASA issued Certificate of Qualification as an Alcohol/Drug Information School Instructor.

Check box 5a if evidence is enclosed with the application, or box 5b if the evidence will be submitted at a later date.

B. Submit the following information related to the branch facility:

1. A completed Americans with Disabilities Act (ADA) Checklist for Existing Facilities.
2. A plan of the premises, which show that the chemical dependency treatment services are discrete from other, programs, and specify the capacities of buildings for its intended uses. This is particularly important in facilities that are not self-standing such as office buildings, or offices that provide services other than chemical dependency treatment. Federal confidentiality regulations pertaining to chemical dependency treatment are more stringent than most other such requirements. Therefore, applicants and chemical dependency treatment providers should take sufficient precautions and measures to ensure chemical dependency patient confidentiality.

Additionally, chemical dependency treatment services must be in a manner that is separate and distinct from other services delivered at the same site. Providers of multiple services such as chemical dependency and mental health should develop a system that ensures protection of the confidentiality of chemical dependency treatment patients.

3. A floor plan showing the use of each room and the location of specific facility details as listed in WAC 388-805-015(2)(l)(i-vii). A sample floor plan has been included with this application.

Check box 3a if the facility information is enclosed with this application, or 3b if the information will follow at a later date.

Blueprints are not required. Usually a hand drawn floor plan will suffice. Questions sometimes arise when floor plans do not include all the elements required by regulations, or when there is not sufficient information such as room dimensions for the reviewer to evaluate the proposed site. This may result in delays in approval.

Another problem that comes up regularly is the site not having a reception area that is separate from treatment areas. This is apparent in cases where the agency entry area is sometimes used for group counseling, suggesting that some one walking in the front door could conceivably walk in to a group session in progress. Counseling areas must

be confidential and discreet. Walls in counseling spaces should be floor to ceiling with soundproofing sufficient to prevent a normal conversation from being overheard through closed doors.

- B. **If applying for outpatient childcare certification** and the agency is licensed by the Department of Social and Health Services Division of Children and Family Services, provide a copy of the current license. *If the child care service is not currently licensed, but the organization intends to apply to DSHS at a later date, please specify below. If the organization is seeking DASA certification for outpatient child care, then submit complete evidence of your agency meeting the requirements of WAC 388-805-900 through 935.*

Check DSHS DCFS license enclosed box if the license is enclosed with the application, or the box indicating it will be submitted at a later date when applicable.

- C. **If your agency is accredited by a DASA recognized national chemical dependency accreditation body**, submit a copy of the letter notifying the accreditation body of your application to provide chemical dependency treatment services at the branch site.

Note: Your branch agency will not be eligible for deemed status under WAC 388-805-115 until your agency has been granted standard certification.

- D. **A branch application fee of \$500** must be submitted with this application, and must be in the form of a check or money order made out to the Department of Social and Health Services.
- E. Submit a copy of the cover letter used to notify the county alcohol/drug coordinator where services will be provided, and a completed copy of the application form. Only send a copy of the application form itself. You do not need to provide the county coordinator with a copy of the application materials (manuals, licenses, staff certifications, etc.).

The alcohol and drug coordinator coordinates the delivery of publicly funded chemical dependency services in his/her respective county.

PART 6 – DECLARATIONS

Ensure you read the declarations carefully, and complete the signature block.

If there are any questions about this application, contact Bob Geissinger at (360) 438-8055, or by e-mail at geissrs@dshs.wa.gov

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